

PATENT



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re application of:	David J. Lentz et al.)
)
Serial No:	10/797,398) Art Unit
) 3744
Filed:	March 10, 2004)
)
For:	PRESSURE-TEMPERATURE CONTROL FOR A CRYOABLATION CATHETER SYSTEM)
)
Examiner:	William Charles Doerrler)
)
Customer No:	23862)
)
Attorney Docket:	11350.31)

CERTIFICATE OF MAILING UNDER 37 CFR §1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 27th day of September, 2005.

DEBRA D. BURNS
Legal Document Assistant

Transmitted: Transmittal of Amendment in Response to the Office Action dated April 29, 2005; Petition for Extension of Time and Check for Petition for Extension of Time.

oaflepto:ddb



NEIL K.

email@nydegger.com

NYDEGGER & ASSOCIATES

ATTORNEYS AT LAW

348 OLIVE STREET
SAN DIEGO, CALIFORNIA 92103

PATENT

TELEPHONE
(619) 688-1300
FACSIMILE
(619) 688-1322

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:	David J. Lentz et al.)
)
Serial No:	10/797,398) Art Unit
) 3744
Filed:	March 10, 2004)
)
For:	PRESSURE-TEMPERATURE CONTROL FOR A CRYOABLATION CATHETER SYSTEM)
)
Examiner:	William Charles Doerler)
)
Customer No:	23862)
)
Attorney Docket:	11350.31)

Mail Stop Amendments
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment for entry in the above-identified application.

X Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

 A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

X No additional fee is required.

X Petition for Extension of Time.

X Check for Petition for Extension of Time.

					SMALL ENTITY		OTHER THAN A SMALL ENTITY			
CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDIT. FEE	<u>OR</u>	RATE	ADDIT. FEE
TOTAL	20	MINUS	20	=	0	X 25	= \$		X 50	= \$
INDEP.	3	MINUS	3	=	0	X 100	= \$		X 200	= \$
1ST PRESENTATION OF MULTIPLE DEPEND. CLAIM +							180	= \$	+360	= \$
TOTAL ADDIT. FEE							\$-0-		OR	TOTAL \$

____ Please charge my Deposit Account No. 14-1519 in the amount of \$_____.

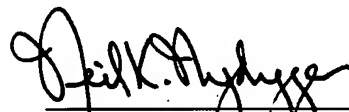
____ Check No. _____ in the amount of \$_____ is attached.

X The commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 14-1519, pertaining to i) any filing fees under 37 CFR 1.16 for the presentation of extra claims; ii) any patent application processing fees under 37 CFR 1.17. Copies in triplicate of this sheet are enclosed.

X Any additional extension of time required for the timely submission of this paper, the fees for which have not been previously paid, is hereby petitioned for and requested.

DATED this 27th day of September, 2005.

Respectfully submitted,



NEIL K. NYDEGGER
Attorney for Applicant
Registration No. 30,202

NYDEGGER & ASSOCIATES
348 Olive Street
San Diego, California 92103
Telephone: (619) 688-1300
Facsimile: (619) 688-1322